

Renew New O

NOTICE OF EMPLOYMENT

This form is to be completed and submitted to the Department of Liquor Control as required by

Rules 7.9 and 10.1 for licensees and any other blue/red card holders who are to be in active charge of the premises.	
Business Licensee Name (Place of Employment)	<u>Job Title</u>
Full and Legal Name of Employee	<u>Date of Birth</u>
Employees Current Mailing Address City, State, ZIP	
<u>Driver's License, State ID or Passport No.</u> <u>Type of ID</u> (check one)	
ID#O(Driver's License), OBC (Birth Certificate) OPP (Passport), OST ID (State I.D.)	
Date Signature	
DO NOT WRITE BELOW THIS LINE	
Date Received by Department of Liquor Control	Initials
Employee's Blue Card Number- 2004	expiration date
Employee's Red Card Number- 2004 -	expiration date

DLC 20 (Revised: 2/20/2019)

